DEPAI	RTMER	NT O	FPU		C HEALTH AND egistration District No	WELFARE	264	Oistani	District No.	2 / No. 1 may 11 m	\\^'\<\? \		STATE FILE N	UMBER
OT WRITE HIS STUB	AN	MENDE	D	l p= ì	LED OCT	9 1963	Prin	mary Registration	District No. 123.353	Registrar's No.	·4			
				1	. PLACE OF DEATH	1000	_			2. USUAL RESIDE		eased lived	d. If institution;	Residence before
300	<u>a</u>	11	l		a. COUNTY	OZARK				* STATE MISS	OURT b. co	YTAUC	OZARK	admission)
. 4/59	2	11			b. CITY (If outside	corporate limit	s, give TOWN	SHIP only)	Length of stay in 1b	c. CITY	<u> </u>		UZAKI	Inside Limits
	AMENDED				TOWN	OCIE	E	İ	10 MO.	OR TOWN	OCIE			Yes 🗆 No 📆
770	₹		,	_	c. FULL NAME OF ((If NOT in hosp	pital, give loca	tion)	Inside Limits	d. STREET			ive location)	Reside on Farm
200	DATE	•		ĺ	INSTITUTION				Yes 🗀 No 💆	ADDRESS				Yes □ No 🛣
770	2 🖳	+-1	\dashv		NAME OF DECEASE	ED	First			Last	4. DATE	Mont	th Day	Year
					(Type or print)	J					OF			
$O \perp$				I –	. SEX	_ ,			IVER G	IDEON		OCT.	14 ;	1963 R IF UNDER 24 H
_		11			ALE	WHI	OR RACE	Widowed [8. DATE OF BIRTH			Months Days	Hours Min
<u>/</u>					A L IS Da. USUAL OCCUPATIO			106. KIND OF I	BUSINESS OR INDUSTR		_	(Vitago	12. CITIZEN OF	WHAT COUNTRY
S S	2	11	1	ਜ਼ ਦ	TÏRED" FI	king life, even	나 나타다)		INGFIELD	1	FIELD.		· U.S.	Α.
, }					Bo. FATHER'S NAME	MANCE	DIKECI		OTHER'S MAIDEN NAM				USBAND OR WIF	
5	5	11		•	THOMAS H.	GIDEO	N	JO	SEPHINE O	LIVER	DO	ROTHY	Y L. GI	DEON
12		11		15	S. WAS DECEASED EV	ER IN U.S. AR	MED FORCES?		OCIAL SECURITY NO.	17. INFORMANT		Ā	ddress	-
			1 1	{Y	esyne or unknown)	(If yes, give w	ar or dates of							340
$H = \mathbb{Z}$: I			9	165	W.W.	# 1	POIVE		DOROTHY	L. GID	FON	OCIE	, MO.
	:			1-	18. CAUSE OF DEA	TH (Enter only	one cause per	line for (a), (b),	and (c).	DOROTHY	L. GID	EON_	<u> </u>	NIERVAL BETWEEN
	ξ		WENT	-	18. CAUSE OF DEA	TH (Enter only I. DEATH WA	one cause per	line for (a),	and (c).	DOROTHY Magarda	L. GID	danc	<u> </u>	NIERVAL BETWEEN
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(Licensed Embalmer's Statement on Reverse Side)

DCT 3 0 1963

STATEMENT BY LICENSED EMBALMER

	me is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision. Student	Signed Junion V. Sheadley
Signature of Student Embalmer	
	Licensed Embalmer No.
	P. O. Address Springfuld, Mls

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Bules Shin Farger

10-21-63